



Briefing

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EDITOR

As I write this, a local television station is advertising that its "cover story" for the week is on abuse of older persons. My telephone book lists an elderly abuse hotline. Recently, the media carried the story of a man with Alzheimer's disease who was abandoned at a racetrack. Abuse and neglect of the elderly, once an invisible problem, is drawing attention to the lack of adequate services for this vulnerable segment of society.

In many cases, abuse or neglect is triggered by the frustration of persons who are caring for an elderly person with little or no support. Medicare does not cover long-term or home care, and Medicaid requires impoverishment for persons to qualify for long-term care. Consequently, many of the elderly must rely on stressed and inadequately trained family members or friends.

According to the conventional wisdom, taxpayers are unlikely to support proposals to provide long-term care through Medicare. But many hold out hope that the baby boomers, whose parents are now aging (as are the boomers themselves), may be the generation that finally sees the wisdom and justice of society caring for its elderly—and the dangers for everyone if it does not. Another positive note is a growing sensitivity to the need for comprehensive services for the elderly, as indicated in the articles on long-term care in this issue.

For change to occur, healthcare professionals, policymakers, and the broader society need a new paradigm of what it means to be old. The widely prevailing perception that the elderly are a homogeneous group of complaining, chronically ill patients unable to respond to helpful interventions is not only inaccurate, but destructive. This bias stifles legislation that would fund care for the elderly and blocks the creativity of healthcare organizations.

Fortunately, as our articles show, some organizations are finding that serving the elderly is an opportunity to fulfill their mission to serve persons in need. By recognizing that older persons have individual needs and potential, they are demonstrating that, even in our highly individual-

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istic society, we can find ways to serve our most vulnerable members.

The photo essay that introduces the special section presents two adult day care centers that offer a variety of therapies and activities to their clients.

In his description of St. Leonard Center, Dayton, OH, Brian E. Forschner shows how a housing facility for the elderly can provide for an often unrecognized aspect of health: residents' needs for caring, interpersonal relationships and a sense of meaning in life.

Care (or case) management is gaining wide acceptance as a means to provide a continuum of services (acute, long term, home, and community based). Three articles clarify how care management works and what care managers do. The articles encompass several current models, particularly acute care-based care management.

An article by Carleton H. Pember III and Edwin Fonner, Jr., has implications for the continuum of care, which in many cases depends on various organizations coordinating their services. The authors report on the top concerns of both long-term and acute care CEOs. The most important concern of CEOs of long-term care facilities—lack of funding for care of the chronically ill elderly—points to society's inadequate response to the aging. Pember and Fonner also report that CEOs feel a pressing need for col-

laboration among Catholic healthcare organizations in providing coordinated services.

In the coming year, *Health Progress* will continue to focus on needs of the elderly and the continuum of care. Please contact me with your ideas and suggestions for information that would be helpful to you.